

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/622089

FILING DATE

APPLICANT(S)

6-21-06 CLAIMS

6/21/06

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51	1				
2	1		1				52					
3	2		2				53					
4	2		2				54					
5	2		2				55					
6	2		2				56					
7	0		1				57					
8	0		1				58					
9	1		1				59					
10	1		1				60					
11	1		1				61					
12	1		1				62					
13	1		1				63					
14	1		1				64					
15						3	65					
16						2	66					
17							67					
18						1	68					
19						2	69					
20						2	70					
21						2	71					
22						2	72					
23						2	73					
24						2	74					
25						1	75					
26						1	76					
27						1	77					
28						1	78					
29						1	79					
30						1	80					
31						2	81					
32						2	82					
33							83					
34						1	84					
35						2	85					
36						2	86					
37						2	87					
38						2	88					
39						2	89					
40						2	90					
41						1	91					
42						1	92					
43						1	93					
44						1	94					
45						1	95					
46						1	96					
47						2	97					
48						2	98					
49							99					
50						1	100					
TOTAL IND.	1		1				100					
TOTAL DEP.	11	→	17	→			100					
TOTAL CLAIMS	18		18				100					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS